

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DR	32	11/21
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71435	01/8/01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
+ .....	Restricted	O .....	Objected

Claim		Date
	Fine	Original
	Original	6/1962
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
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Claim	Date
Final Original	
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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